

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

JAN 7 1935

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

26059-7

1. PLACE OF DEATH

County

Douglas

Registration District No.

281

File No.

Township

Washington

Primary Registration District No.

1540

Registered No.

City

(No.

St.

Ward)

2. FULL NAME

Thos L W Hampton

(a) Residence. No.

Perry mo

St.

Ward.

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred

yrs.

mos.

da.

How long in U. S., if of foreign birth?

yrs.

mos.

da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

Widowed

5A. IF MARRIED, WIDOWED OR DIVORCED HUSBAND OF (OR) WIFE OF

Maiden name Malinda Brown

6. DATE OF BIRTH (MONTH, DAY AND YEAR)

1844

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work.

Farmer

(b) General nature of industry, business, or establishment in which employed (or employer).

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

MO.

(STATE OR COUNTRY)

PARENTS

10. NAME OF FATHER

William Hampton

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

MO

(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER

Malinda Brown

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

MO

(STATE OR COUNTRY)

14. INFORMANT

(Address)

Andy Hampton

15. FILED

12-22-34

G. D. Hale

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR)

8-13

1933

17.

I HEREBY CERTIFY, That I attended deceased from 1st 1933 to Aug 8 1933 that I last saw him alive on Aug 6 1933 and that death occurred, on the date stated above, at m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Gangrene over Region Spinal

CONTRIBUTORY (SECONDARY)

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH?

DATE OF

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS

(Signed)

J. L. Carter

M. D.

, 19 (Address)

dia MO

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL

DATE OF BURIAL

Box cemetery

8-14 1933

20. UNDERTAKER

ADDRESS

Neighbors

